

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000106

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 28 1963

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Vandalia

Length of stay in 1b  
12 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 614 South Oak St.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Vandalia

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
614 South Oak St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

LEVI AYLLETTE RINKER

Jan. 6, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-6-98

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Brick-making

## 11. BIRTHPLACE (City and state or country)

Frankford, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

George Rinker

## 13b. MOTHER'S MAIDEN NAME

Laura Virginia Steele

## 14. NAME OF HUSBAND OR WIFE

Cora Rinker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Cora Rinker, Vandalia, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Acute Coronary Embolism

## INTERVAL BETWEEN ONSET AND DEATH

Instant

#### DUE TO (b)

Coronary Artery Disease

Unknown

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema

44 years

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Jan 5-63 to Jan 6-63 and last saw her alive on Jan 5-63  
Death occurred at 5:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

H L Swan

## 22b. ADDRESS

Vandalia, Mo

## 22c. DATE SIGNED

1-7-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-9-63

## 23c. NAME OF CEMETERY OR CREMATORY

Spencersburg

## 23d. LOCATION (City, town, or county)

Curryville, Pike, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Harold Kirks, Bowling Green, Mo.

## 25. DATE RECD. BY LOCAL REG.

Jan 7, 1963

## 26. REGISTRAR'S SIGNATURE

Malcolm Fugate

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10041  
2041  
3  
4 C  
5 1  
6  
7 C  
8 2  
9420.1  
10  
11  
12 70-2  
13 1-0

JAN 1 1968

JAN 1 1968

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.